

P21000048817 1/4

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H21000204683 3)))



H210002046833ABC-

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : AVA FINANCIAL CONSULTANTS INC
Account Number : I20170000094
Phone : (954)842-1979
Fax Number : (954)905-4315

2021 MAY 21 AM 10:08
MAIL ROOM
STATE

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: AKRAM.AFSAM@GMAIL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
AJ JENSEN MOBIL INC**

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$87.50 |

2021 MAY 21 PM 4:54
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STATE

COVER LETTER

H210002046833

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Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: AJ JENSEN MOBIL INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MOHAMMED ZABED H. KHAN

Name (Printed or typed)

7049 OKEECHOBEE RD

Address

FT PIERCE, FL 34945

City, State & Zip

772-924-6474

Daytime Telephone number

akram.afsam@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2021 MAY 21 AM 10:03

ARTICLES OF INCORPORATION H210002046833
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: AJ JENSEN MOBIL INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2688 NE DIXIE HWY

7049 OKEECHOBEE BLVD

JENSEN BEACH, FL 34957

FT PIERCE, FL 34945

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY & ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1,000 SHARES AT \$1.00 PAR VALUE

FIRST NAME: MOHAMMED ZABED

MIDDLE NAME: H

LAST NAME: KHAN

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MOHAMMED ZABED H. KHAN -PDTS

Name and Title: N/A

Address: 2017 OLEANDER BLVD #A

Address: _____

FT PIERCE, FL 34950

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2021 MAR 21 AM 10:08

H210002046833

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MOHAMMED ZABED H. KHAN
Address: 2017 OLEANDER BLVD #A
FT PIERCE, FL 34950

2021 MAY 21 AM 10:08

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MOHAMMED ZABED H. KHAN
Address: 2017 OLEANDER BLVD #A
FT PIERCE, FL 34950

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

MZHKhan
Required Signature/Registered Agent

05/21/2021

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

MZHKhan
Required Signature/Incorporator

05/21/2021

Date